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Docket No.

Applicant(s): **Claussen et al.****060680-0553**

Serial No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/004,719	12/04/2001	Oen	26127	2855	1202

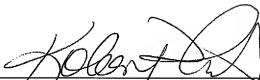
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For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

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☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
6,868,719	

Completed by (check one)

☐ Applicant/Inventor

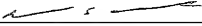
☒ Attorney or Agent of record **41,908**
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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